REISSUED April 16, 2004

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington

To: Approved Trauma Facilities
Physicians
Physician Clinics
Radiologists
Emergency Room Physicians
Advanced Registered Nurse Practitioners
Certified Registered Nurse Anesthetists
Oral Surgeons
Trauma Services Coordinators
Ambulance Providers
Managed Care Plans

Memorandum No. 03-53 MAA
Issued: July 1, 2003

For Information Call:
(360) 725-1835

This memorandum supersedes all previous communications from MAA regarding the Trauma Care Program.

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration

Subject: **Reinstatement of Supplemental Payments for Qualified Trauma Services**

Effective with dates of service on and after July 1, 2003, the Medical Assistance Administration (MAA) will reinstate supplemental payments for trauma services provided to Medicaid clients.

Additions/Clarifications

- MAA has added language to page one of this memorandum in the section titled "General Information." In the second sentence, MAA added the words "Fee-For-Service." The words have been highlighted and underlined.

- In order to avoid the confusion caused by insufficient information, MAA has removed the third paragraph on page three of the July 1, 2003, version of this Numbered Memorandum.

General Information

MAA will make supplemental payments **only** for services provided on and after July 1, 2003. Supplemental payments will be funded through the Trauma Care Fund (TCF) for Medicaid fee-for-service clients with an Injury Severity Score (ISS) of 13 or greater for adults, an ISS of 9 or greater for pediatric clients (through 14 years of age only), and for transferred patients.

☞ **Note:** Do not submit old trauma claims for services provided prior to July 1, 2003. The legislature authorized funding for this program specifically for dates of service on and after July 1, 2003.

Hospital Services

MAA will distribute supplemental payments for qualified trauma services only to facilities designated by the Department of Health (DOH) as Level 1, 2, or 3 Trauma Services. Trauma Services designated as Level 4 or 5 and/or Critical Access Hospitals (CAH) are eligible to receive annual grants from DOH but not supplemental payments from MAA.
MAA will allocate payment to eligible facilities based on the relative amount of trauma care they provide per quarter to Medicaid clients. The volume of care is measured by date of service, not date of payment.

MAA will make the supplemental payments at set times throughout the year. MAA will distribute the first supplemental payments approximately six months after the beginning of state fiscal year 2004.

☞ **Note: The Legislature has discontinued funding for the Medically Indigent (MI) Program effective for dates of service after June 30, 2003.** No disproportionate share hospital (DSH) funds will be used to provide payments for qualified trauma services. Instead, Level 1, 2, and 3 hospitals can apply annually for the DOH Uncompensated Trauma Care grants. DOH will send out more information about these grants soon.

Hospital Billing

The X1 condition code previously used by hospital providers to indicate a qualified trauma case is not compliant with the Health Insurance Portability and Accountability Act (HIPAA). **Effective with admissions (inpatient claims) or dates of service (outpatient claims) on and after July 1, 2003**, this condition code is discontinued.

Use one of the following occurrence code indicators in form locator 32-35 of the UB-92 claim form. You must also enter the date of injury. These occurrence codes will allow MAA not only to be HIPAA-compliant but also to capture data on the ISS, which MAA has not been able to do in the past.

Occurrence Code	Description
L1	Indicates an ISS in the range of 13 to 15
L2	Indicates an ISS in the range of 16 to 24
L3	Indicates an ISS in the range of 25 to 34
L4	Indicates an ISS in the range of 35 to 44
L5	Indicates an ISS of 45 or greater
L6	Indicates a pediatric client (through age 14 only) with an ISS in the range of 9 to 12.
L7	Indicates a transferred client with an ISS that is less than 13 for adults or less than 9 for pediatric clients.

Physician Services

Enhanced payments are limited to services provided to Medicaid clients by physicians and clinical providers who are members of a Designated Trauma Services Response Team. **These enhancements are only for fee-for-service Medicaid clients, and for hospital-based services.**

Physicians and clinical providers on the trauma response team of any Designated Trauma Services are eligible to receive enhanced reimbursement on a per patient basis, regardless of the hospital's trauma designation level. Pathology and laboratory charges are excluded from this enhancement.

Billing for Physician and Other Professional Services

Modifier "9T" modifier previously used by physicians and other professionals to indicate a qualified trauma case is not HIPAA compliant. **Effective for dates of service on and after July 1, 2003**, this modifier is discontinued.

Use modifier "**ST**" on each detail line on the HCFA-1500 claim form for which the trauma enhancement payment is applicable.

Please bill the appropriate CPT code along with modifier "**ST**" in field 24d of the HCFA-1500 claim form. Under some circumstances, two or more modifiers may be necessary to completely describe a service. Modifier "99" must be added to the basic procedure, and other applicable modifiers must be listed in field 24d.

Note: Due to the lateness of the legislative budget agreement, the MMIS changes necessary to implement this program will not be fully operational as of July 1, 2003. MAA would appreciate physicians and other clinical providers delaying their submission of post-June 30, 2003 trauma claims until September 1, 2003. This will prevent the need for claim adjustments. This issue applies only to physician claims.

Oral Surgeon Billing

Oral surgeons must use the ADA dental claim form for billing major trauma services. To designate services related to a Major Trauma client, enter 870000999 in field 2 in the "prior authorization number" area.

Pre-hospital Services

Effective for dates of service on and after July 1, 2003, MAA will no longer process pre-hospital grants of $2400. DOH will continue to provide the $1200 annual participation grant to pre-hospital verified trauma services.

To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at http://hrsa.dshs.wa.gov (click the Billing Instructions and Numbered Memorandum link). These may be downloaded and printed.